

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150045	(X2) MULTIPLE CONSTRUCTION A. BUILDING 04 - 2011 EXTENSION TO THE ER & A 2ND FLOOR RADIOLOGY B. WING _____		(X3) DATE SURVEY COMPLETED 10/02/2014
NAME OF PROVIDER OR SUPPLIER DEKALB HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 1316 E SEVENTH ST AUBURN, IN 46706		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 09/30/14 through 10/02/14</p> <p>Facility Number: 005941 Provider Number: 150045 AIM Number: 100269460A</p> <p>Surveyors: Amy Kelley, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Dekalb Health was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC).</p> <p>Dekalb Health is comprised of the main hospital in Auburn, IN (Building 01), a Surgical addition (Building 02), a Rehabilitation and Obstetrics addition (Building 03), an Extension to the Emergency Room and a Radiology addition (Building 04), Butler Clinic in Butler, IN (Building 05), and Garrett Clinic in Garrett, IN (Building 06).</p> <p>The 2011 Emergency Room and Radiology extension, Building 04, is a two story fully sprinklered building of Type I (332) construction with a fire alarm system with smoke detection in the corridors and spaces open to the corridors was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>The facility was found not in compliance with the</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/02/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1 aforementioned regulatory requirements as evidenced by the following:	K 000			